MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/589 090

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50		/				
TOTAL IND.	2	⇩		⇩		⇩
TOTAL DEP.	49	⇦		⇦		⇦
TOTAL CLAIMS	51					

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		⇩		⇩		⇩
TOTAL DEP.		⇦		⇦		⇦
TOTAL CLAIMS						